

**Mail To: Louisiana Department of Labor
Office of Regulatory Services
P.O. Box 94050
Baton Rouge, LA 70804-9050
Ph:(225)342-2961 Fax:(225) 342-5833**

1. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month

- 1
- 2
- 3
- 4
- 5
- 6

Employer Name, D.B.A. & Address

1. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month

1st Qtr				2nd Qtr				3rd Qtr				4th Qtr				5. State ID No.				6. Rate %																			
1st Qtr				2nd Qtr				3rd Qtr				4th Qtr				5. State ID No.				6. Rate %																			
Employer Name, D.B.A. & Address																8. Total wages this year.																.00							
I certify that the information on this form is true and correct.																9. Less wages in excess of \$.00							
																10. Taxable wages this year.																.00							
																11. Contributions (tax) due.																							
																12. Subtract overpayment from last year.																							
																13. Add underpayment from last year.																							
14. Total Remittance (include interest penalty charges if filed after due date.																																							

<p>Make check payable to: Office of Regulatory Services P.O. Box 94050 Baton Rouge, LA 70804-9050</p>
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